

Ake Agnew | Thursday September 13, 2012

in-site



Help | Print | Home | Exit

Active Menu

Life Events | Personal | Payroll | Benefits | Training Mgmt | Career Opportunities

### Paycheck Review

#### Payroll

Associate Statement  
Commission Rates  
Direct Deposit  
Electronic Pay Statements  
New Acct Flash

#### State Tax Forms

W-2 Online  
W-4 Current Info  
W-4 Form Changes

+ California Workers Comp  
+ Communications  
+ Online Surveys  
+ Our Site  
+ Stores Team  
Change Password  
Feedback  
My Schedule Plus  
Policies & Procedures  
Risk Management  
Track Transactions

In-site Disclosure

- To review paychecks from your prior division please select your prior employee id from the drop down box 71099068
- To review another paycheck, select the 'Pay End Date' from the drop down box 09/09/2012
- To view and print the 'Earnings Statement' for pay end date 09/08/2012, click [View/Print Pay Statement](#)
- To view paycheck summary for the last 13 months, click [View Summary](#)

Associate#	Associate Name	Company			
71099068	Ake Agarwal	MDS			
Pay Begin Date	Pay End Date	Check#	Check Date		
09/02/2012	09/08/2012	10878625	09/14/2012		
TOTALS		Earnings	Taxes	Deductions	Net Pay
Current		676.17	34.84	244.11	397.22
YTD		14,831.70	1,003.62	7,633.96	6,994.13

EARNINGS	Hourly Rate	Hours/Units	Amount	YTD
Description	10.180000	29.07	295.83	6,908.33
Regular Earnings			126.78	3,903.42
Commission	15.450452	8.00	123.60	457.20
Holiday Pay	15.270000	7.57	115.59	115.59
Holiday Worked Premium - CA	10.000000	1.00	10.00	640.00
Incentive Pay (\$10/Unit)	15.768231	0.13	2.06	306.36
Overtime			0.24	
Overtime Adjustment 01-SEP-2012			0.00	1,192.59
PTO			0.00	597.79
Sick Pay			0.00	264.00
Incentive Pay (\$12/Unit)	12.000000	0.00	0.00	240.00
Incentive Pay (\$15/Unit)	15.000000	0.00	0.00	105.15
Meal Break Modification			0.00	81.00
Credit/Give Back (\$1/Unit)	1.000000	0.00	0.00	79.20
ER Contribution to 401(k)			0.00	46.24
Incentive - Cosmetic Contests			0.00	41.00
Credit/Give Back (\$4/Unit)	4.000000	0.00	0.00	32.83
Stim - Vendor Incentive			0.00	32.00
Credit/Give Back (\$2/Unit)	2.000000	0.00	0.00	24.00
Credit/Give Back (\$3/Unit)	3.000000	0.00	0.00	15.27
Non Productive Regular	7.000000	0.00	0.00	14.00
Credit/Give Back (\$7/Unit)	5.000000	0.00	0.00	10.00
Credit/Give Back (\$5/Unit)	8.000000	0.00	0.00	8.00
Incentive Pay (\$8/Unit)			0.00	1.19
Commission Adjustment			0.00	0.75
STMS-Luggage Vnd				

DEDUCTIONS	Plan Type	Deduction Class	Amount	YTD
Description	Medical	Before-Tax	153.78	1,537.80
Aetna Choice Premier	General	After-Tax	30.83	799.47
401K Loan Repayment	Dental	Before-Tax	25.09	975.52
MetLife High PPO A	Basic	Before-Tax	20.29	422.78
Macy's 401(k) Plan	Dental	After-Tax	14.32	14.32
MetLife High PPO A	SP/DP Life	After-Tax	0.00	21.46
Spouse/DP Life	Dep AD/D	After-Tax	0.00	17.87
Family AD&D	AD/D	After-Tax	0.00	22.57
Optional ADD	Life	Non-taxable	0.00	10.50
Optional Life - After Tax	Medical	Before-Tax	0.00	3,925.26
Anthem Choice Premier	Life	After-Tax	0.00	96.90
Optional Life - After Tax				

TAXES	Tax Class	Amount	YTD
Description	OASDI/Disability - EE	20.89	361.00
Federal	FICA Med Hospital Ins / EE	7.21	124.93
Federal	OASDI/Disability - EE	4.87	85.95
California	Withholding	1.77	355.82
Federal	State Withholding	0.00	78.22
California			

DISTRIBUTIONS	Account Number	Amount
Description		

9/1/2012 8:11 PM

Aka Agarwal | Thursday September 13, 2012



[Help](#) | [Print](#) | [Home](#) | [Exit](#)

Active Menu

[Life Events](#) | [Personal](#) | [Payroll](#) | [Benefits](#) | [Training Mgmt](#) | [Career Opportunities](#)

Paycheck Review

- Payroll
  - Associate Statement
  - Commission Rates
  - Direct Deposit
  - Electronic Pay Statements
  - New Acct Flash
- State Tax Forms
  - W-2 Online
  - W4 Current Info
  - W4 Form Changes
- + California Workers Comp
- + Communications
- + Online Surveys
- + Our Site
- + Stores Team
  - Change Password
  - Feedback
  - My Schedule Plus
  - Policies & Procedures
  - Risk Management
  - Track Transactions

In-site Disclosure

- To review paychecks from your prior division please select your prior employee id from the drop down box 71000008
- To review another paycheck, select the 'Pay End Date' from the drop down box 09/01/2012
- To view and print the 'Earnings Statement' for pay end date 09/01/2012, click [View/Print Pay Statement](#)
- To view paycheck summary for the last 13 months, click [View Summary](#)

Associated 71089008	Associate Name Aka Agarwal	Company MDS				
Pay Begin Date 08/26/2012	Pay End Date 09/01/2012	Check# 10540634	Check Date 09/07/2012			
TOTALS			Earnings 455.25	Taxes 15.60	Deductions 257.39	Net Pay 101.26
Current YTD			14,155.53	986.76	7,589.84	5,569.91

		Hourly Rate	Hours/Units	Amount	YTD
EARNINGS					
Description					
Regular Earnings		10.180000	34.83	354.67	6,610.40
Commission				88.85	3,774.66
Credit/Give Back (\$1/Unit)		1.000000	3.00	3.00	81.00
Overtime		15.250000	0.12	1.83	303.07
PTO				0.00	1,192.68
Incentive Pay (\$10/Unit)		10.000000	0.00	0.00	630.00
Sick Pay				0.00	597.78
Holiday Pay				0.00	333.60
Incentive Pay (\$12/Unit)		12.000000	0.00	0.00	264.00
Incentive Pay (\$15/Unit)		15.000000	0.00	0.00	240.00
Meal Break Modification				0.00	105.15
ER Contribution to 401(k)				0.00	79.20
Incentive - Cosmetic Contests				0.00	46.24
Credit/Give Back (\$4/Unit)		4.000000	0.00	0.00	41.00
Stimms - Vendor Incentive				0.00	32.00
Credit/Give Back (\$2/Unit)		2.000000	0.00	0.00	32.00
Credit/Give Back (\$3/Unit)		3.000000	0.00	0.00	24.00
Non Productive Regular				0.00	15.27
Credit/Give Back (\$7/Unit)		7.000000	0.00	0.00	14.00
Credit/Give Back (\$5/Unit)		5.000000	0.00	0.00	10.00
Incentive Pay (\$8/Unit)		8.000000	0.00	0.00	8.00
Commission Adjustment				0.00	1.18
STMS-Luggage Vnd				0.00	0.75

		Plan Type	Deduction Class	Amount	YTD
DEDUCTIONS					
Description					
Aetna Choice Premier		Medical	Before-Tax	173.60	1,984.02
MetLife High PPO A		Dental	Before-Tax	35.09	850.43
401K Loan Repayment		General	After-Tax	30.63	768.54
Macy's 401(k) Plan		Basic	Before-Tax	13.75	402.48
Optional Life - After Tax		Life	After-Tax	2.64	96.90
Optional ADD		AD/D	After-Tax	0.81	22.57
Spouse/DP Life		SP/DP Life	After-Tax	0.59	21.48
Family AD&D		Dep AD/D	After-Tax	0.48	17.87
Anthem Choice Premier		Medical	Before-Tax	0.00	3,925.26
Optional Life - After Tax		Life	Nontaxable	0.00	10.50

		Tax Class	Amount	YTD
TAXES				
Description				
Federal		OASDI/Disability - EE	10.48	340.11
Federal		FICA Med Hospital Ins / EE	3.62	117.42
California		OASDI/Disability - EE	2.50	80.99
California		State Withholding	0.00	76.22
Federal		Withholding	0.00	354.05

		Account Number	Amount
DISTRIBUTIONS			
Description			
Checking		7114833410	101.26

RIVERSIDE CALL CENTER  
P O BOX 12007  
RIVERSIDE CA 92502-2207

**EDD** Employment  
Development  
Department  
State of California

Mail Date: 08/30/2012  
SSN: [REDACTED]

EDD Telephone Numbers:  
English 1-800-300-5616  
Spanish 1-800-326-8937  
Cantonese 1-800-547-3506  
Mandarin 1-866-303-0706  
Vietnamese 1-800-547-2058  
TTY 1-800-815-9387

ARVIND K AGARWAL  
1582 GALENA DR  
SAN JOSE CA 95121-1639

### NOTICE OF UNEMPLOYMENT INSURANCE AWARD

1. Claim Beginning Date: 08/19/2012
2. Claim Ending Date: 08/17/2013
3. Maximum Benefit Amount: \$11700
4. Weekly Benefit Amount: \$450
5. Total Wages: 32,245.76
6. Highest Quarter Earnings: 12,896.00
7. This item does not apply to your claim. For more information, see item on the reverse.
8. You must look for full time work each week. Please see your handbook, A Guide to Benefits and Employment Services, DE1275A, for more information about looking for work.
9. To qualify for this claim you must meet further eligibility requirements. You will receive additional information on what you need to do to qualify. Please see your handbook, A Guide to Benefits and Employment Services, DE1275A, for more information.

10. This Claim Award is calculated based on the Standard Base Period.

11. Employee Name	12. Employee Wages for the Quarter Ending:				13. Employer Name
	JUN. 2011	SEP. 2011	DEC. 2011	MAR. 2012	
A AGARWA		1,535.04			INSYNC STA
A AGARWA			2,976.00	12,896.00	TECHSOURCE
A AGARWA	4,860.96	9,977.76			WORKWAY
14. Totals:	4,860.96	11,512.80	2,976.00	12,896.00	

Important Information On The Reverse Of This Form



RIVERSIDE CALL CENTER  
P O BOX 12007  
RIVERSIDE CA 92502-2207

Mail Date: 08/30/2012  
SSN: [REDACTED]  
Claimant Phone #: 408-531-8653

ARVIND K AGARWAL  
1582 GALENA DR  
SAN JOSE CA 95121-1639

EDD Telephone Numbers:  
English 1-800-300-5616  
Spanish 1-800-326-8937  
Cantonese 1-800-547-3506  
Mandarin 1-866-303-0706  
Vietnamese 1-800-547-2058  
TTY 1-800-815-9387

### NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

You filed a claim for Unemployment Insurance benefits effective 08/19/2012  
When you filed your claim you stated:

1. Your last employer was: GARY D. NELSON ASSOCIATES
2. The last day you worked for that employer was 03/19/2012.
3. The reason you are no longer working for the above employer is:  
LACK OF WORK
4. You are not receiving a pension or other income.
5. You are able and available to accept full time work.
6. You have the legal right to work in the United States.

Please check the above information carefully. EDD will consider this information correct unless you report other information within (ten) 10 days from the mailing date of this notice. Any response after 10 days may result in delay of benefits. Remember to include your name and Social Security Number in all correspondence with EDD. Mail your response to the EDD address above or you may call EDD.

Although federal and state laws prohibit the revealing of information about your employment and your UI claim to your spouse, relatives, friends, non-interested parties, and private interest groups, federal legislation requires that such information be made available to state and federal Welfare, Medical Assistance, Food Stamps, Housing, and Child Support Enforcement agencies. Confidentiality is the responsibility of all agencies using the information.

**Section B / Sección B** If the box under Question 3 on the reverse is marked "X", you must complete the table below to show your work search for the weeks being claimed. / Si el cuadrado en la pregunta #3 en el reverso está marcado con una "X", usted debe de completar la tabla a continuación para indicar su búsqueda de trabajo durante la(s) semana(s) que solicita beneficios.

WORK SEARCH RECORD / RECORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO					
Date Applied / Fecha en que Solicitó Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Contactó	Type of Work Applied For / Clase de Trabajo que Solicitó	Results: Please explain / Resultado: Por favor Explique
08/31/12	Prognosis	1851 McArthur Blvd	HR	Qualifying	NO
8/31/12	Tech	Michelman, CA 95035		Engineer	Response
8/31/12	Barcudas	3175 S. Winchester	Depend	SR & S	NO
8/31/12	Notworks	Avd Campbell, CA	Staffing		Response
8/31/12	Abby Lab	485 Brandon St	HR	Supplier	NO
	Inc	St, CA 94107		QE	Response
8/13/12	Blue Coat	400 N. Mary	HR	SR Supplier	NO
	Inc	Av. S. Val, CA 94028	Planner	Engineer	Response
8/14/12	LST	1501 McCarty Blvd	HR	Struct	NO
	Corp.	Michelman, CA 95035		Engineer	Response

**Section C / Sección C** Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)  
Aviso para la Institución Educativa (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the training course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form.

Signature/Title \_\_\_\_\_  
Name of Training Institution \_\_\_\_\_

Date \_\_\_\_\_

If you are on a semester/holiday recess, enter the date you are scheduled to return to school: \_\_\_\_\_

Si Ud. está en vacaciones/días feriados del semestre escolar, escriba la fecha en que regresará a la escuela: \_\_\_\_\_

**Section D / Sección D** New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente

New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica  
( )

Zip Code / Zona Postal: \_\_\_\_\_

DE 4581 CTO Rev. 4 (5-04) State of California / Employment Development Department

CU-P83-2 MC 62

**CONTINUED CLAIM**

Case 11-17763-leb Doc 198-4 Entered 09/24/12 12:16:25 Page 6 of 11

1570659696120819120901000002120909 A A

8-19-12

ANSWER ALL QUESTIONS. SEE SECTION A. ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your booklet, A Guide to Benefits and Employment Services.

Begins Ends	1ST WEEK		Begins Ends	2ND WEEK	
	YES	NO		YES	NO
08-26-12 09-01-12			09-02-12 09-08-12		

COMPLETE AND MAIL THIS FORM ON 09-09-12

- Were you too sick or injured to work? ☐ YES ☐ NO  
If yes, enter the number of days (1 through 7) you were unable to work. (1-7)
- Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday? ☐ YES ☐ NO
- Did you look for work? ☐ YES ☐ NO
- ☒ IF MARKED 'X' YOU MUST COMPLETE SEC. B., WORK-SEARCH RECORD, ON REVERSE. Did you refuse any work? ☐ YES ☐ NO
- Did you begin attending any kind of school or training? ☐ YES ☐ NO
- Did you work or earn any money, WHETHER YOU WERE PAID OR NOT? ☐ YES ☐ NO  
(If yes, you MUST COMPLETE items a. and b. below.)  
a. Enter earnings before deductions here. \$            
b. Report employment or 'source' of earnings information below:

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS - INCLUDE ZIP CODE	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1ST WEEK				
2ND WEEK				

- If you want federal income tax withheld for the week(s) shown above, mark this block. ☐
- If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse. ☐

NORCAL AUTHORIZATION CENTER  
PO BOX 969057  
WEST SACRAMENTO CA 95796-9057

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work USCIS. I signed this form after the latest date for which I am claiming benefit.

x *Arvind K. Agarwal*  
(your signature is required)



DE 456 IGT0 Rev. 6 (5-04) CU/PAB66



WORK-SEARCH RECORD / RÉCORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO					
Date Applied / Fecha en que Solicitó Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicitó	Results: Please explain Resultado: Por favor Explique
8/27/12	IMVU Inc	100W Evelyn Ave Mt View, CA 94041	HR Manager	QA Engineer	NO Response
8/27/12	cete com Inc	411 Dixon Landing Rd, Milpitas, CA	HR	Sr. QE	NO Response
8/28/12	Lawn Research Corp	4650 Cushing Parkway Fremont, CA	Professional Staffing	Sr. Supplier Engineer	NO Response
9/4/12	SanDisk Corp	10499 BR, 601 McClintock Blvd Milpitas	HR	Sr. Quality Engineer	NO Response
9/5/12	Silicon Image Inc	1140 East Avenue Ave, S'Valle, CA 95055	HR Manager	Quality Engineer	NO Response

**Section C / Sección C** Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)  
 Aviso para La Institución Educacional (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form	Signature/Title _____	Date _____
	Name of Training Institution _____	

If you are on a semester/holiday recess, enter the date you are scheduled to return to school. \_\_\_\_\_  
 Si Ud. está en vacaciones/días feriados del semestre escolar; escriba la fecha en que regresará a la escuela: \_\_\_\_\_

**Section D / Sección D** New Mailing Address / Nueva Dirección de Correo  
 Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente.

New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica ( )
----------------------------------------------------------------------------------------------

Zip Code: / Zona Postal: \_\_\_\_\_

[illegible]

Date Applied / Fecha en que Solicitó Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicitó	Results: Please explain / Resultado: Por favor Explique
8/21/12	LinkedIn Corp	2029 St. Erwin Ct Mt View, CA	HR	QA	NO
8/21/12	Marvell Semiconductor	5488 Marvell Ln Santa Clara, CA 95054	HR Manager	QA Engineer	Response NO
8/22/12	A2Z Develop Center	20450 Stevens Creek, Cupertino, CA	Professional Staffing	Sr. Quality Engineer	NO Response
8/22/12	Alpha net Consulting Inc	3080 Olcott St Santa Clara, CA	HR	Supplier Quality Eng	NO Response
8/23/12	Net appl. Inc	495 East Santa Br Stale, CA 95089	HR Manager	QA Engineer	NO Response

**Section C / Sección C** Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)  
Aviso para La Institución Educativa (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form.

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Training Institution \_\_\_\_\_

If you are on a semester/holiday recess, enter the date you are scheduled to return to school.

Si Ud. está en vacaciones/días feriados del semestre escolar, escriba la fecha en que regresará a la escuela: \_\_\_\_\_

Section D / Sección D      New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente.

New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica

Zip Code: / Zona Postal:



```

Begins  2ND WEEK
Ends    XXXXXXXX
        XXXXXXXX

```

08-30-12

- x Asind K. Agarwal  
(your signature is required)



**Section B / Sección B** If the box under question 3 on the reverse is marked "X", you must complete the table below to show your work search for the weeks being claimed. / Si el cuadrado en la pregunta #3 en el reverso está marcado con una "X", usted debe de completar la tabla a continuación para indicar su búsqueda de trabajo durante la(s) semana(s) que solicita beneficios.

WORK SEARCH RECORD / RÉCORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO					
Date Applied / Fecha en que Solicitó Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicitó	Results: Please explain / Resultado: Por favor Explique
8/20/12	Juniper Networks	1194 N. Main St. Suite 100, San Jose, CA 95131	HR	QA	NO
8/20/12	Retail Next Inc	HR, 99 Alameda Blvd, S.J. CA 95113	HR Mgr.	QA/Supplier	Response
8/21/12	Adap. TV	HR, 1 Wafers Park Dr, San Mateo, CA 94403	HR.	Supplier	NO
8/22/12	Kindright Inc	755 Redwood Dr, Mt View, CA	Personnel Manager	Quality Engineer	Response
8/23/12	KLA-Tencor	One Technology Dr, Milpitas, CA 95035	HR Manager	Quality Engineer	Response

**Section C / Sección C** Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)  
Aviso para La Institución Educacional (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form

Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

Name of Training Institution \_\_\_\_\_

If you are on a semester/holiday recess, enter the date you are scheduled to return to school.

Si Ud. está en vacaciones/días feriados del semestre escolar, escriba la fecha en que regresará a la escuela: \_\_\_\_\_

**Section D / Sección D** New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente.

New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica  
( )

Zip Code: / Zona Postal: \_\_\_\_\_

DE 4581CTO Rev. 4 (5-04) State of California / Employment Development Department

CU-PB318 MIC 61